Secondary 2004 Graduate Placement Survey Form

Click by CTDS #: to begin. Click or tab to move through form. Enter data, then print. Form will not save data.

| Click by CTDS #. to begin. Click of tab to move t | mough form. Enter data, then print. Form w | III Hot sav | e uata. |
|--|---|-------------|---------|
| A. DEMOGRAPHIC INFORMATION: | | | |
| CTDS #: | Program CIP: | | |
| | Program: | | |
| School: | | | |
| | | | |
| Program Completer | Student Name: | | |
| Program Concentrator | Street: | | |
| Level III Course Sampler (if Sampler, please | City: | | |
| provide the Gender and IVEP Code:) | State: | | |
| Male Female | ZIP: | | |
| DISBL LEP Eca Acd SP NO | | | |
| | | | |
| Type of Contact: | | | |
| Mail Phone In Person | Phone (optional): () | | |
| | Thone (optional). | | |
| Other (please specify): | | | |
| | | | |
| | | | |
| B. FORM COMPLETED BY: | 1 | | |
| Graduate | Are you returning from a religious mission? | • | |
| Family Member | YES NO | | |
| Other (Please specify: teacher, aide, etc.) | If Yes, what year did you graduate from hig | h school? | |
| other (Trease specify, teacher, aide, etc.) | 2001 2002 200 | | |
| | | 3 | |
| | | | |
| C. PLACEMENT INFORMATION: (Please check all | l that apply): | | |
| | | YES | NO |
| 1. Are you enrolled in SCHOOL or enrolled in an AF | PPRENTICESHIP PROGRAM? | | |
| | | | |
| a. School Name: | | | |
| a. Sensor rame. | | | |
| b. Does either of these relate to the skills learned in the program listed above? | | | |
| or 2 out times of most remine to the same remine in the program issue according | | YES | NO |
| 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | IES | NO |
| 2. Are you in the MILITARY? | | | Ш |
| | | | |
| a. What branch of the military? | | | |
| | | | |
| b. Does your job directly relate to the skills learned in the program listed above? | | | |
| | | YES | NO |
| 3. Are you WORKING? | | | |
| | | | |
| a. Does your job directly relate to the skills learned in the program listed above? | | | |
| 1 a Does your ion directly relate to the skills lear | ned in the program listed above? | | |
| a. Does your job directly relate to the skills lear | rned in the program listed above? | | Ш |
| a. Does your job directly relate to the skills lear | rned in the program listed above? | | |
| | . 0 | | |
| b. If you are working, please provide the follow | . 0 | | |
| b. If you are working, please provide the follow Employer/Business Name: | . 0 | | |
| b. If you are working, please provide the follow Employer/Business Name: Street: | ving: | | |
| b. If you are working, please provide the follow Employer/Business Name: Street: City: | ving: State: Zip: | | |
| b. If you are working, please provide the follow Employer/Business Name: Street: | ving: | | |